

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

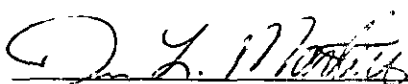
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10085</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Dennis L Martire P.O. Box, Bldg., Room No., if any Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code +4 20191-3497	4. Name, file number, and address of labor organization. Name Laborers' International Union of North America Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code +4 20006-1703
5. Position in labor organization. VP & Reg. Mgr. Mid-Atlantic	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8-12-05</u> <u>703-860-4194</u> Date Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/18/04 to 1/22/04 National Tri-Fund Conference, Lodging.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$1,422</p>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 1/19/04: National Tri-Fund Conference, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$128

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Labcrers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment 1/20/04: National Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Labcrers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment 1/20/04: Nationa. Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$71

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name {One of the} National Tri-Funds Trade Name, if any: Please see attachment #1. P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 1/21/04: National Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$42

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 1/22/04: National Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$41

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 1/22/04: National Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$26

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 1/22/04: National Tri-Fund Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment <div align="right">\$30</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 2/12/04: Lunch meeting.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment <div align="right">\$27</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/17/04 - 2/19/04: Pipeline Conference, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment <div align="right">\$278</div>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/18/04: Pipeline Conference, Reception.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <div align="right">\$77</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 2/18/04: Pipeline Conference, Dinner Meeting.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <div align="right">\$33</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 2/19/04: Pipeline Conference, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <div align="right">\$111</div>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any P.O. Box, Bldg., Room No., if any Suite 240 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 4/22/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meetings, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$187

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 210 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 4/22/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meetings, Parking.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$51

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment 4/23/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meetings, Lunch.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$29

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 4/27/04: National Tri-Fund Board of Trustees Meetings, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment \$112

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of N. America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 4/27/04 & 4/28/04: National Tri-Fund Board of Trustees Meetings, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$544

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of N. America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 4/28/04: National Tri-Fund Board of Trustees Meetings, Breakfast.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$30

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health & Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>4/28/04: National Tri-Fund Board of Trustees Meetings, Meal.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment \$34</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name [Intentionally left blank]</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p> <p>[Intentionally left blank]</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment:</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment</p> <p>5/25/04: Dinner meeting.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment \$40</p>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name MA Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 240

Street 12355 Sunrise Valley Drive

City Reston

State Virginia ZIP Code + 4 20191-3467

14.a. Nature of payment.

6/3/04: District of Columbia Building Trades Conference, Airport Parking.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [Intentionally left blank]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

[Intentionally left blank]

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment:

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MA Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 240

Street 12355 Sunrise Valley Drive

City Reston

State Virginia ZIP Code + 4 20191-3467

14.a. Nature of payment

6/25/04: Meeting, meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

\$26

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 210</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment.</p> <p>7/27/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meeting, Lodging.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment \$228</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment.</p> <p>7/28/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meeting, Lunch.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$49</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment</p> <p>8/4/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Charity Golf Tournament.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$200</p>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment.</p> <p>8/6/04: Mid-Atlantic Regional Conference, Tolls.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$27</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health & Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>8/22/04 to 8/25/04: National Tri-Fund Board of Trustees Meetings, Lodging.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$671</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health & Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>8/22/04: National Tri-Fund Board of Trustees Meetings, Meal.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$67</p>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of N. America Trade Name, if any: P O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment 8/26/04: National Tri-Fund Board of Trustees Meetings, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 140 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment 10/4/04: Love For the Little Ones, Charity Golf Tournament (amount includes golf, food, libation and souvenir shirt).
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$400

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment.</p> <p>10/7/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meeting, Lodging.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b. Amount of payment \$236</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14 a Nature of payment</p> <p>10/7/04: Mid-Atlantic Laborers-Employers Coop & Education Trust Board of Trustees Meeting, Golf outing.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$235</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment</p> <p>10/15/04: Keystone Contractors Association Dinner and Awards Presentation.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment \$35</p>

Name of Person Filing Dennis Martire	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of N. America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 11/14/04 to 11/16/04: National Tri-Fund Board of Trustees Meetings, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$495

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of N. America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 11/16/04: National Tri-Fund Board of Trustees Meetings, Golf Putting.
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$181

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name [Intentionally left blank]</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p> <p>[Intentionally left blank]</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment</p> <p>12/10/04: The WBC Holiday Party, Dinner.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>\$90</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MA Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 12355 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191-3467</p>	<p>14.a. Nature of payment</p> <p>12/13/04: Holiday Gift Basket.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>\$122</p>

Name of Person Filing Dennis Martire	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MA Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 12355 Sunrise Valley Drive City Reston State Virginia ZIP Code + 4 20191-3467	14.a. Nature of payment. 12/23/04: Meeting, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment <div style="text-align: right;">\$26</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Attachment 1 of 2 to Form LM-30: Labor Organization Officer and Employee Report

DENNIS L. MARTIRE

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 4, Section 1

Part C

13(a)

It is my understanding that one of the National Tri-Funds paid for my meal on January 21, 2004 during the National Tri-Fund Conference.

The National Tri-Funds are:

- (1) Laborers'-Employers Cooperation and Education Trust
905 16th Street, N.W.
Washington, D.C. 20006-1703
- (2) Laborers' Health & Safety Fund of North America
905 16th Street, N.W.
Washington, D.C. 20006-1703
- (3) Laborers' - AGC Education and Training Fund
37 Deerfield Road
Pomfret Center, CT 06259-1405

Addenda to Form LM-30: Labor Organization Officer and Employee Report

DENNIS MARTIRE

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Attachment 2 of 2

ADDENDUM A

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

ADDENDUM B

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

ADDENDUM C

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM D

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM E

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

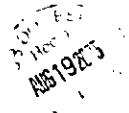


LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

MID-ATLANTIC REGIONAL OFFICE

12355 Sunrise Valley Drive • Suite 200 • Reston, VA 20191

Phone (703) 860-4194 • Fax (703) 360-1800 • Toll Free (800) 426-9442



August 12, 2005

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HEADQUARTERS:
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Fax: (202) 737-2754

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

**Re: Form LM-30 Filing for Dennis L. Martire, U-
Labor Organization File No. 000 - 131**

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and

Strong, Proud, United



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

MID-ATLANTIC REGIONAL OFFICE

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U.S. Department of Labor

August 15, 2005

Page 2

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MICHAEL S. BEARSE
General Counsel

the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

DENNIS L. MARTIRE

Enclosure

HEADQUARTERS:
905 16th Street, NW
Washington, DC
20006-1765
(202) 737-8320
Fax: (202) 737-2754

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